Editorial

Resident doctors under stress in the emergency department

Working in the emergency department involves being in contact with a large number of patients who have different conditions that vary in complexity and all of this has to be done quickly and efficiently, in line with the requirements set out by the health care system. Tudela and Mòdol[1] describe work in the emergency department as being made up of intrinsic elements that are difficult to modify (referring to issues such as the discontinuous inflow of patients, the need to prioritise, difficulties in making a quick diagnosis, the value of clinical observation and patient expectations, among others) as well as extrinsic or circumstantial elements that can potentially be modified (such as a lack of structural resources, delays in receiving income, a lack of privacy, inconsistent organisational structures, a lack of professionalisation). The emotional element of being in the emergency department also affects working conditions and has an impact on patients and their families as well as on health staff who work there. Here both sides want empathic communication which, in the appropriate working conditions, would help doctors to deal with patients in a personalised, kind and "human" way[2].

Within a professional context, resident doctors should undergo a process of converting the theoretical knowledge acquired during their previous training into learning through clinical experience. The development of clinical skills involves putting into practise clinical reflection and observation, making a choice between different options, making decisions and using one's own criteria when faced with difficult situations[3].

However, this process is not easy. Different studies on stress among resident doctors[4-7] sets this group of professionals apart as being particularly susceptible to stress. Stress-inducing factors such as work overload, the intensely demanding nature of the job, limited control, the lack of support from superiors and problems related to long working hours and duty shifts are all reoccurring themes in research work dating from the eighties to the present day.

The consequences for young doctors health are significant and some studies have shown that frequent cardiovascular alterations[8] as well as depression and an increased level of irritability can also occur from the beginning of the training period[5]. Even signs of obsessive compulsive behaviour[9], learning difficulties, emotional problems and bipolar disorder[10] may also appear. Residency has also been linked to professional burnout, alcohol abuse and a negative effect on patient care[11]. The impact of professional burnout does not limit itself to the individual, it also spreads among colleagues and those who attend to patients which leads to a deterioration in the quality of care. A negative consequence of this is a depersonalised or impersonal relationship between colleagues and in relation to the patients and their families. Stress among Spanish interns is higher during the first year of training. During this time psychopathological alterations are more common and therefore continuous supervision as well as psychological and medical support should be provided by risk prevention services through specific programmes for Spanish interns aimed at preventing and controlling occupational stress. Firth-Cozens also demonstrated that female doctors are more likely to develop mental disorders during residency in Spain.

In the Firth-Cozen's and Morisson's pioneering study of 1989, doctors who showed high levels of chronic stress admitted to having made more clinical mistakes than those who were not stressed (23% versus 7%), which confirmed the initial hypothesis that those who were stressed made more mistakes, although both results could also have been affected by other hidden factors[12]. In other studies involving American candidates, a large number of cases of residents with significant professional burnout were recorded. This could have caused a lack of concentration when dealing with patients and could be translated into one act of negligence a month per doctor given that of the 76% of professionals with professional burnout, 53% believed that at least once a month they did not provide patients with optimum care because of burnout syndrome[11].

Having reviewed studies that included medical students, residents and doctors in clinical practices, Gerrity and colleagues[13] affirmed that there is a fear of personal inadequacy and making mistakes which is linked to hiding one's need for help, a tendency to work defensively and concealing mistakes. This tendency to hide health problems could turn into an added risk. It is something that seems to be present among these professionals and starts during the first years of work when a doctor's socialisation process begins to develop in a health ca-

re environment. Therefore, measures to prevent stress among doctors should begin when Spanish interns start their training and should combine technical and scientific training with psychosocial preparation. Tutors and training managers should have a particularly important role in this and should use active as well as emotional support techniques.

In order to prevent professional burnout the following points should be taken into consideration:

1. Working conditions should be improved in order to increase the quality of patient care as well as user and staff satisfaction levels. With regard to Spanish residents, it is necessary to implement effective supervision as well as time off after duty shifts.

2. Group programmes should be developed to prevent professional burnout and to increase the level of mutual respect among staff. Following this, some authors[14] recommend the development of training programmes involving discussion groups that deal with critical incidents related to emergency department staff (Critical Incident Stress Debriefing, CISD). These would take place during the incident (with the aim of diffusing and calming the situation), after the incident (during the 24 hours following the incident) and would involve a follow up (which could last from six months to a year).

All these measures would have an essential preventive secondary element for residents working in the emergency department. However, before drawing this editorial to a close we would like to highlight the importance of primary prevention. The measures that affect the organisation, the rigorous enforcement of the Ley de Prevención de Riesgos Laborales (Law of Risk Prevention in the Workplace), the impact of all medical authorities on the health and care of their staff are all crucial points that need to be taken into consideration so that residents can receive the correct training.

We should congratulate ourselves on the fact that such an interesting field study has been carried out in by Fernandez Martínez and his colleagues[15], our health care setting and deals with a very relevant issue in such a methodical way.

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